

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS AA (AMBULATORY)

STATE OF WISCONSIN  
Bureau of Quality Assurance  
P.O. Box 2969  
Madison WI 53701-2969

**Facility Information**

**Facility Name:** GOODWILL JAMESTOWN GROUP HOME (110243)

**Address:** 5815 WILLIAMSBURG WAY, MADISON, WI 53719

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/26/1989

**Regional Office:** SOUTHERN REGION (MADISON), (608) 243-2370

**Survey History**

**Survey ID:** 0092681      **End Date:** 05/25/2004      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10008001    Served 06/08/2004

Deficiencies Cited  
83.33(3)(e)5

Subject Area  
MEDICAL RECORD DOCUMENTATION

Compliance  
Verified

Corrected

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